Mail to: Historic Tanner Chapel A.M.E. Church, 700 East Jefferson Street, Suite #300, Phoenix, AZ 85034 | Email to: tannerchapel@tannerchapel.org | Fax to: (602) 253-4079

Please list ONE activity per row and provide ALL the necessary information to ensure proper scheduling of your activity.

PLEASE NOTE: ROOM|MEETING SPACE DESIGNATIONS ARE ASSIGNED BY THE OFFICE BASED ON FUNCTION NEEDS AND SPACE AVAILABILITY.

Date of Submission: _____ Conference Year: _____ Name of Organization: _____

Contact Person: _____ Cell Phone: _____ Daytime Phone: _____

Email Address: _____

NAME & DESCRIPTION OF ACTIVITY	DATE REQUESTED	START TIME/ END TIME	SETUP TIME REQUIRED	# OF PPL/# OF ROOMS	SERVING FOOD	EVENT SUNDAY REG TABLE / BULLETIN FLYER
One Time Event: ☐ Weekly: ☐ Monthly: ☐ Yearly: ☐	PREFERRED DATE: _____ Day: _____ Opt 2 Date: _____ Day: _____ Opt 3 Date: _____ Day: _____	START TIME: Preferred: _____ Opt2: _____ Opt3: _____ END TIME: Preferred: _____ Opt2: _____ Opt3: _____	☐ NO ☑ YES ☐ 30 min before event ☐ 60 min before event	# OF PPL ATTENDING: _____ # OF ROOMS NEEDED: _____	☐ NO ☑ YES Description: _____	☐ NO SUN REG TABLE Bulletin Flyer Only: ☑ YES ☐ NO ☑ YES SUN REG TABLE Flyer w/Reg Info: ☑ YES ☐ NO
One Time Event: ☐ Weekly: ☐ Monthly: ☐ Yearly: ☐	PREFERRED DATE: _____ Day: _____ Opt 2 Date: _____ Day: _____ Opt 3 Date: _____ Day: _____	START TIME: Preferred: _____ Opt2: _____ Opt3: _____ END TIME: Preferred: _____ Opt2: _____ Opt3: _____	☐ NO ☑ YES ☐ 30 min before event ☐ 60 min before event	# OF PPL ATTENDING: _____ # OF ROOMS NEEDED: _____	☐ NO ☑ YES Description: _____	☐ NO SUN REG TABLE Bulletin Flyer Only: ☑ YES ☐ NO ☑ YES SUN REG TABLE Flyer w/Reg Info: ☑ YES ☐ NO

ALL CALENDARING REQUESTS MUST BE SUBMITTED TWO WEEKS PRIOR TO YOUR SCHEDULED FUNCTION

NAME & DESCRIPTION OF ACTIVITY	DATE REQUESTED	START TIME/ END TIME	SETUP TIME REQUIRED	# OF PPL/# OF ROOMS	SERVING FOOD	EVENT SUNDAY REG TABLE / BULLETIN FLYER
One Time Event: ☐ Weekly: ☐ Monthly: ☐ Yearly: ☐	**PREFERRED DATE**: _____ Day: _____ Opt 2 Date: _____ Day: _____ Opt 3 Date: _____ Day: _____	START TIME: Preferred : _____ Opt2: _____ Opt3: _____ END TIME: Preferred: _____ Opt2: _____ Opt3: _____	☐ NO ☐ YES ☐ 30 min before event ☐ 60 min before event	# OF PPL ATTENDING: _____ # OF ROOMS NEEDED: _____	☐ NO ☐ YES Description: _____	☐ NO SUN REG TABLE Bulletin Flyer Only: ☐ YES ☐ NO ☐ YES SUN REG TABLE Flyer w/Reg Info: ☐ YES ☐ NO
One Time Event: ☐ Weekly: ☐ Monthly: ☐ Yearly: ☐	**PREFERRED DATE**: _____ Day: _____ Opt 2 Date: _____ Day: _____ Opt 3 Date: _____ Day: _____	START TIME: Preferred : _____ Opt2: _____ Opt3: _____ END TIME: Preferred: _____ Opt2: _____ Opt3: _____	☐ NO ☐ YES ☐ 30 min before event ☐ 60 min before event	# OF PPL ATTENDING: _____ # OF ROOMS NEEDED: _____	☐ NO ☐ YES Description: _____	☐ NO SUN REG TABLE Bulletin Flyer Only: ☐ YES ☐ NO ☐ YES SUN REG TABLE Flyer w/Reg Info: ☐ YES ☐ NO
One Time Event: ☐ Weekly: ☐ Monthly: ☐ Yearly: ☐	**PREFERRED DATE**: _____ Day: _____ Opt 2 Date: _____ Day: _____ Opt 3 Date: _____ Day: _____	START TIME: Preferred : _____ Opt2: _____ Opt3: _____ END TIME: Preferred: _____ Opt2: _____ Opt3: _____	☐ NO ☐ YES ☐ 30 min before event ☐ 60 min before event	# OF PPL ATTENDING: _____ # OF ROOMS NEEDED: _____	☐ NO ☐ YES Description: _____	☐ NO SUN REG TABLE Bulletin Flyer Only: ☐ YES ☐ NO ☐ YES SUN REG TABLE Flyer w/Reg Info: ☐ YES ☐ NO

NAME & DESCRIPTION OF ACTIVITY	DATE REQUESTED	START TIME/ END TIME	SETUP TIME REQUIRED	# OF PPL/# OF ROOMS	SERVING FOOD	EVENT SUNDAY REG TABLE / BULLETIN FLYER
One Time Event: ☐ Weekly: ☐ Monthly: ☐ Yearly: ☐	**PREFERRED DATE**: _____ Day: _____ Opt 2 Date: _____ Day: _____ Opt 3 Date: _____ Day: _____	START TIME: Preferred: _____ Opt2: _____ Opt3: _____ END TIME: Preferred: _____ Opt2: _____ Opt3: _____	☐ NO ☐ YES ☐ 30 min before event ☐ 60 min before event	# OF PPL ATTENDING: _____ # OF ROOMS NEEDED: _____	☐ NO ☐ YES Description: _____	☐ NO SUN REG TABLE Bulletin Flyer Only: ☐ YES ☐ NO ☐ YES SUN REG TABLE Flyer w/Reg Info: ☐ YES ☐ NO
One Time Event: ☐ Weekly: ☐ Monthly: ☐ Yearly: ☐	**PREFERRED DATE**: _____ Day: _____ Opt 2 Date: _____ Day: _____ Opt 3 Date: _____ Day: _____	START TIME: Preferred: _____ Opt2: _____ Opt3: _____ END TIME: Preferred: _____ Opt2: _____ Opt3: _____	☐ NO ☐ YES ☐ 30 min before event ☐ 60 min before event	# OF PPL ATTENDING: _____ # OF ROOMS NEEDED: _____	☐ NO ☐ YES Description: _____	☐ NO SUN REG TABLE Bulletin Flyer Only: ☐ YES ☐ NO ☐ YES SUN REG TABLE Flyer w/Reg Info: ☐ YES ☐ NO

Additional Comments/Concerns: